

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-025-29754

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

A-1212-1

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well

OIL
WELL ☐

GAS
WELL ☐

OTHER

Water Injector

2. Name of Operator

Amoco Production Company

(Room 18.108)

3. Address of operator

P.O. Box 3092,

Houston,

Texas

77253-3092

8. Well No.

216

9. Pool name or Wildcat

Hobbs Grayburg San Andres

4. Well Location

Unit Letter C : 1166 Feet From The North Line and 2411 Feet From The West Line

Section 4 Township 19S Range 38E NMPM Lea, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3610.4' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Acidize & Change Rams ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103.

MIXRU SU (12-15-93) X RTXIB. REL PKR X POH X RIH X BIT X SCRAPER X TBG. TAG @ 4290FT X POH X RIH 5-1/2" PPI PKR X 4FT
SPACING. ACD PERF 4060-4209FT X 4000 GAL 20% X ADDITIVES 50 GAL/FT. FLUSH. LD 2-7/8" WS. CHANGE RAMS X RIH X INJ PKR X
PC TBAG. PMP PKR X 510 PSI X 30 MIN X OK RET TO INJ (12-18-93).

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Devina M. Prince TITLE Staff Assistant DATE 01-03-94

TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 366-7686

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR**

APPROVED BY Jerry Sexton TITLE District I Supervisor DATE JAN 17 1994

CONDITIONS OF APPROVAL, IF ANY: